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APPLICANTS

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*CEP*  
 \*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 10/116,441 04/04/2002 PAT 6,631,525  
 which claims benefit of 60/346,003 10/26/2001

*none*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/26/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance <i>CEP</i> Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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 26710  
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TITLE  
 Lavatory with a removable washing platform

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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